



DENTAL BOARD OF CALIFORNIA
 1432 Howe Avenue, Suite 85, Sacramento CA 95825-3241
 Telephone: (916) 263-2300 Fax: (916) 263-2140
www.dbc.ca.gov



**Staple a color
passport photo
here**

APPLICATION FOR NEW LICENSE TO REPLACE CANCELLED LICENSE

Business & Professions Code, §1718.3

OFFICIAL USE ONLY

Receipt # _____ RC# _____

Fees: Application _____

Fingerprints _____

Date Cashiered _____

See Information for completing and filing this application. Please read carefully and answer each question fully. Falsification or misrepresentation of any item or response on this application or any attachment hereto is sufficient basis for denying or revoking a license.

**FEES (NON-REFUNDABLE)
Call Board for correct fees to remit.**

| | | | | |
|---|----------------|---------------|--|------------|
| 1. NAME: Last First Middle | | | Social Security Number | |
| 2. List other names you have used. See Information for documents required. | | | 4. Birthdate: (mo/day/yr) _____ | |
| | | | Sex: M F | |
| 3. Address (including City/State/Zip) | | | Telephone/FAX Numbers () () () | |
| 5. List state(s) in which you are, or have ever been, licensed to practice dentistry. | | | Dates of practice in licensing agency's jurisdiction | |
| State | License Number | Date of Issue | From (Mo/Yr) | To (Mo/Yr) |
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NOTE: A License Certification from each state must be submitted.

Have you ever been charged with, or been found to have committed unprofessional conduct, incompetence, gross negligence, or repeated negligent acts or malpractice by any dental licensing board or any other agency? ☐ Yes ☐ No

Has any disciplinary action ever been filed or taken, including but not limited to, informal or confidential discipline, consent orders or letters of warning regarding any healing arts license which you now hold or have ever held? ☐ Yes ☐ No

Have you ever been denied a license, or permission to practice dentistry, or permission to take an examination in any state (including California), country, or U.S. Federal jurisdiction? ☐ Yes ☐ No

In lieu of discipline or with charges pending, have you ever voluntarily surrendered a license to practice dentistry in another state or country? ☐ Yes ☐ No

Has permission to prescribe controlled substance from DEA been suspended, revoked or denied? ☐ Yes ☐ No

Have you ever been convicted of any offense, misdemeanor, or felony in any state, federal jurisdiction, or a foreign country? You must report **ANY** misdemeanor or felony convictions, as well as infractions specified in § 19.8 of the Penal Code. You must report these offenses even if by pleas of nolo contendere (no contest), irrespective of a subsequent order that expunges the criminal record under the provisions of § 1203.4 of the Penal Code. This section requires you to report any conviction to any state or local licensing agency even if the conviction is dismissed under the provisions of this section. **Falsely answering no to this question may result in the denial of your application or subjecting your license to discipline pursuant to § 480(c) of the Business & Professions Code.**

☐ Yes ☐ No

Have you ever been subject to any malpractice judgment or settlement? ☐ Yes ☐ No

Do you have any reports on the National Practitioner Database other than items listed above that you know of? ☐ Yes ☐ No

➡ If you have answered yes to any questions **above**, see Information for requirements.

Do you have a permit to prescribe controlled substances from the Federal Drug Enforcement Agency (DEA)? ☐ Yes ☐ No

If Yes, enter DEA number _____

DECLARATION

I am the applicant for a new license to replace a cancelled license referred to in this application. I have carefully read the questions in the foregoing application and have answered them truthfully, fully, and completely. I hereby authorize educational and other institutions, employers (past and present), business and professional associates (past and present) and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Dental Board of California any information, files or records requested by the Dental Board in connection with the processing of this application.

My signature on this application, or a copy thereof, authorizes the National Practitioner Data Bank and the Federal Drug Enforcement Agency to release any and all information required by the Dental Board of California.

I certify under penalty of perjury under the laws of the State of California that the foregoing and any attachments hereto are true and correct.

Date

Signature of Applicant

NOTE: The Board requires two classifiable fingerprint cards or *Live Scan* fingerprinting. A license will not be issued until clearance has been received from the California Department of Justice and the Federal Bureau of Investigation. See Information.

An applicant, who signs this application when he/she is located outside of California, shall swear to the truth of the statements contained herein and on any attachments hereto, before a notary public or other person authorized by law to administer oaths.

Subscribed and sworn to before me on this

(Signature of Notary)

day of _____, 20____.

(Address)

(Notary Seal)

My commission expires _____
(Date)

INFORMATION COLLECTION AND ACCESS

The information in this application is mandatory and is maintained by the Executive Officer in accordance with Business and Professions Code, Division 2, Chapter 4, Section 1600 et seq. Except for Social Security numbers, the information requested will be used to determine eligibility for Licensure by Credential. Failure to provide all or any part of the requested information will result in the rejection of the application as incomplete. Disclosure of your Social Security number is mandatory. Section 30 of the Business and Professions Code and Pub. L. 94-455 (42 U.S.C.A. §405(c)(2)(C)) authorizes collection of your Social Security number. Your Social Security number will be used exclusively for tax enforcement purposes, or for compliance with any judgment or order for family support in accordance with Section 17520 of the Family Code, or for verification of licensure or examination status by a licensing or examination board, and where licensing is reciprocal with the requesting state. If you fail to disclose your Social Security number, you may be reported to the Franchise Tax Board and be assessed a penalty of \$100.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure. Applicants are advised that the names(s) and address(es) submitted in this application may, under limited circumstances, be made public.